

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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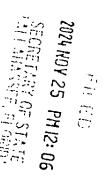
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

i.	Name of the limited liability company:  BRIGHTLINE HOLDINGS LLC							
2.	(a)	Principal office address of limited liability company:	<u> </u>	(b)	)	failing address of limited liability company:		
		(Note: MUST BE STREET ADDRESS) 350 NW 1ST AVE, STE 200			(Note: MAY BE POST OFFICE BOX) 350 NW 1ST AVE, STE 200			
		MIAMI, FL 33128		MIAMI, FL 33128				
		10/15/2019		_	M19000009	9845		
3.		Date of filing/registration in Florida	4.	Ī	·	Document number		
5.	(a)							
Ο.	(**)	Registered Agent and Registered Office shown on the records BERGMANN, CYNTHIA,	of the Flori	ida	Dept. of State	:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)								
	350 NW 1ST AVE, STE 200							
		MIAMI	22420			2024 NOV 25 PH 12: 06 SECRETARY OF STATE SECRETARY OF STATE		
						25 E		
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :  Corporation Service Company			lress:	- 40 P		
					_ 06			
		NEW Registered Office Address: 1201 Hays Street						
		Tallahassee	32301	<b>-</b> -				
		Tallahassee	Fl					
ch ag wa	ange ent v is/we	imited liability company is not organized under the or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of t	the registe Hiability or s of the li	ere cor imi	d office and upany, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
/s/ Kolleen Cobb, Authorized Person								
Signature of a member or authorized representative of a member Printed or typed name of signee								
pro the to	ovisi e obl mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ily reflect a change in the registered office address. I in writing of this change.	agree to a dee perform ded for in I hereby	ct ma (C (C)	in this capa nce of my d hapter 605, nfirm that ti	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been		
/s/ Grace E. Kirby					Grace E. Kirby, Asst Vice President			
Si	enatu	re of Registered Agent						